

1721

TRANSMITTAL FORM

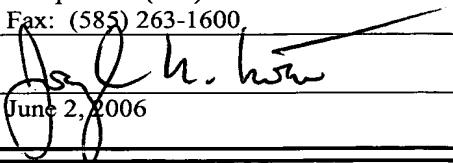
(to be used for all correspondence after initial filing)

		Application Number	10/502,284
		Filing Date	January 17, 2003
		First Named Inventor	Rinaldi
		Group Art Unit	1654
		Examiner Name	Jennifer I. Harle
Total Number of Pages in This Submission	6	Attorney Docket Number	27419/150 (4308PTUS/er)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$_____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$_____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$_____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$_____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$_____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$_____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$_____) <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of \$_____ <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
		Remarks
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600
Signature	 Registration No. 32,163
Date	June 2, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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PATENT
Docket No.: 27419/150 (4308PTUS/er)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Rinaldi et al.)	Examiner:
)	Jennifer I. Harle
Serial No.	:	10/502,284)	
)	Art Unit:
Cnfrm. No.	:	1852)	1654
)	
PCT International)	
Application No.	:	PCT/EP03/00519)	
)	
Int'l Filing Date	:	January 17, 2003)	
)	
For	:	COMPOSITION FOR)	
		PHARMACEUTICAL OR DIETETIC)	
		USE FOR COMBATING HAIR LOSS)	
)	

REPLY AND AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the March 2, 2006, office action, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.